DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION (FRA)

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

																	11			
1. Name of Reporting R UNION PACIF		AD						1a	ı. Alphab [etic (J P	Code				1b. Railroad <i>A</i> 10181	Accident/Inc	cident No.			
2. Name of Other Railro	oad or Other Entity	y with Consi	st Involved					2a	a. Alphab	etic (2b. Railroad Accident/Incident No. N/A				
Name of Railroad or UNION PACIF			Γrack Maintenan	ce (single	entry)			3a. Alphabetic Code UP 3b. R					3b. Railroad A	Accident/Inc	cident No.					
4. U.S. DOT Grade Cro														6. Time of Ac		lent				
				N/A					month		1	day I 1	l 1	year I o	08:39			_{pM} X		
7. Type of Accident/	1. Dera	ilment		I. Side Colli	sion		7. Hwy	1 0 0 4 1 8 V y-rail crossing						AM Other		PM Code				
Incident (Single entry in code box)		on collision end collision		6. Raking co 6. Broken tra		ı		grade	crossing			11. Fi 12. O		t rupture		(describe i narrative		3		
8. Cars Carrying HAZMAT	19	9. HAZMA Damage Derailed	d/	1	10. Cars HAZ	Releasii ZMAT	ng		0	11	. People Evacu			0	12. Subdivisio	. Subdivision LARAMIE SUB				
13. Nearest	17			-	14. Mile	post (to)	_	15. Stat	e e	Cod	e	16. Cou							
City/ Town	СНЕҮЕ				near tenth	est n)	528	3.42	Abl		I	VY		LARAM						
17. Temperature (F) (specify if minus)		18. Visibili 1. Daw	ty (single entry) n 3. Dusk	1	Code		ather <i>(sing</i> Clear		<i>ry)</i> . Rain		5. Sleet		1	Code	20. Type of T 1. Main	rack 3. Sidir	ıg	Code		
	$46 + {}^{o}_{F}$	2. Day	4. Dark		4	2. C	Cloudy	4.	. Fog		6. Snow	,		2	2. Yard	4. Indu	stry	1		
21. Track Name/ Number	. 1: 2			2	2. FRA Trac Class (1-		Coo				(gross t	ons	2	0	24. Time Tab 1. North	3. E	ast	Code 3		
	ain line 3		5.01.1.0		361.0			D. E.		111110	ns)	6.1	2.		2. South	4. W		(0. 1.1		
25. Type of Equipment Consist	2. Passenger Tra		Single CarCut of cars	A	. Maint./ins	W Equip	p.	D. EN E. DN			1	Code	A	Vas Equipm	- 1		. Train Number	/Symbol		
(single entry)	Commuter Tra Work train	ain-Pulling	7. Yard/switch 8. Light loco(_	Passenger Commute							1	1	. Yes 2. N	lo	1	MPCN	P 03		
28. Speed (recorded spe if available) R - Recorded	eed,	Code		Territory ation (Mand naled 2. No	atory)	er code((s) that app	oly)			•		•		0 = Not	a remotely	d Locomotive? controlled oper portable transn			
E - Estimated	0 мрн	Е	Method	of Operation	/Authority						٠.			1	2 = Rem	ote control	tower operation	1		
29. Trailing Tons (gross excluding power un		1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered							more	than one r		Code								
31. Principal Car/Unit										se, enter the		<u> </u>								
(1) First Involved (derailed, struck, etc.) JRSX 1003 159 NO								ox.		Alcohol	Drugs									
(2) Causing (if mechanical, N/A N/A N/A]	N/A		3	3. Was	this con	sist trans	porting pas	sengers? (y/n)			N		
(Exclude EMU, DMU, and Cab Car End b. Manual c. Remote d. Manual e. Remote								ars ude EMU motives.)	-	ЛU, and	Cab Ca	r	a. Freigh	oaded b. Pass	c. Freigh	Empty t d. Pass	e. Caboose			
(1) Total in Train		2	0	1	0		0		1) Total i		uipmen	t Consis	t	90	0	67	0	0		
(2) Total Derailed	0 0 0 0 0 (2) Total Derailed 8 0						0	0	0	0										
36. Equipment Damage	1		37. Track, Signa				Ï		rimary Ca	ause					39. Contributi	ng Cause	'	1		
This Consist	100,000		& Structure	Damage		0		С	Code				M505		Code		N/	'A		
		Number of 0	Crew Members											Length of T	ime on Duty					
40. Engineers/ Operators 1	41. Firemen	0	42. Conductors	1	43. Brake	emen 0			ngineer/C	Opera 11		Mins:	39		45. Conductor Hrs:	11	Mins: 39	9		
Casualties to:	46. Railroad Emp		47. Train Passer		48. Other				Special S						49b. Special S					
Fatal	0		0			0					CV	WR			000-000-000					
NonFatal	0		0			0														
50. Latitude	41.047	7815						51. Lo	ongitude			-	105.04	7204						
52. Narrative Description	on (Be specific	, and contin	ue on separate si	heet if neces	sary)															
TRAIN MGRC	Y-04 STRUCK	THE REA	AR OF TRAIN	MPCNP-	03. INVE	STIGA	TION O	F CA	AUSE O	N C	GOING	ř								
53. Typed/Printed Name	e &				54	4. Signat	ture								55.	. Date				
	ETTE L. MCC		PORTING														10/08/2018			
<	oort is part of			le acoide	t report	กแซดนา	ant to the	e no:	ridant :	ren	orte et	atute e	nd ac	such ak	ıll not " ba :	admittad	ac avidana	3		
or used	for any purpo C.F.R. 225.7 (se in any															as evidence	-		

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION (FRA)

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

7. Type of Accident 1. Derailment 4. Side Collision 7. Hwy-rull crossing 10. Explosion-detonation 13. Other Code Communication 14. Side Collision 5. Raking collision 6. Broken train collision 6. Broken train collision 6. Broken train collision 7. Hwy-rull crossing 10. Explosion-detonation 11. Fire/violent rupture (idescribe in anarative) 3. Regred crossing 11. People 12. Subdivision 12. Other impacts 12. Subdivision 13. Nearest 14. Milepost (to nearest) 14. Milepost (to nearest) 15. State Code 14. Milepost (to nearest) 15. State Code 15. State Code 14. Milepost (to nearest) 15. State Code 15. State																			
No. No.			AD						1 *		Code							ent No.	
No. Control Control	2. Name of Other Railro			st Involved					_										
LUSION PACIFIC RAIL ROAD		Other Entity Resn	onsible for T	Frack Maintena	nce (single	entrv)									······································				
Topy of Accident 1. Destriment 1. Destri					(*****				-										
N/A	4. U.S. DOT Grade Cro	ssing Identification	n Number	ı										ear	6. Time of A	ccident/l	Inciden	it	
St. No. Controlling St. No.					N/A									08:39 _{AM} <u>PM</u> [X			PM X		
MAZMAT 7	Incident (Single	2. Head	d on collision	ı	5. Raking co	llision		8. RR gr	ade crossing			11. Fire	e/violent r	upture	13.	(descri			Code 3
Name								;		11					12. Subdivision				
Chief Chie		7			5				0		274			0	LAI	RAMIE	E SUI	В	
17. Trans Name	City/	CHEVI	ENNE			near	est	528	Ab		1			-	TE.				
		CHETI		ty (single entry))							W I	Lr			Track			Code
22. Fixe Numer	(specify if minus)	46 ± 0 _E	1. Daw	n 3. Dusk			1. Cle	ear	3. Rain					2	1. Main	3. S	-	v	1
Class (1-9, N) A Density generators 1, North 3, Fair 3	21. Track Name/	40 T F			2	2. FRA Tra	ck	Code	<u> </u>									<u>'</u>	Code
25. Type of Equipment 1. Finglish Trian 1. Supple of Code 25. Trian Number's Symbol 1. Supple of Code 26. Was Equipment 2. Supple of Code 26. Was Equi	Number	ain line 3				Class (1-	.9, X)	I	De	nsity	(gros.		2.9		1. North	n 3	3. East	t	1
1				5. Single Car	9	. Maint./ins	pect. Car	D	D. EMU			Code	_	s Equipm	ent	Code	27. T	rain Number	r/Symbol
2.8. Speed (recorded speed) 30. Type et Territory (none code(r) that epoply) 1. Signaled 2 (2.0 Model) 1									. DMU			1			lo	1			
Signalization Monotones Signalization Mo	28 Spand (was awded an		Codo												20a Pamata	alı: Contr	rollad I		CY 04
2 - Remote control tower operation 2 - Remote control tower operation 3 - Remote control for this remote than one remote 3 - Remote control for this remote than one remote 3 - Remote control for this remote than one remote 3 - Remote control for this remote than one remote 3 - Remote control for this remote than one remote 3 - Remote control for this remote than one remote 3 - Remote control for this remote than one remote 3 - Remote control for this remote than one remote 3 - Remote control for this remote than one remote 3 - Remote control for this remote than one remote 3 - R	if available)	seu,	Code	Signaliz	ation (Mand	atory)	er coue(s)	та арріу	<i>')</i>						0 = No	t a remot	tely con	ntrolled oper	
1.4117 S. 1.1106 S.	E - Estimated		Е	Method	of Operation	/Authority				ł I im	nite				2 = Rei	2 = Remote control tower operation 3 = Remote control portable transmitter -			
Nandaty to the extent that all applicable codes are entered	excluding power units) 12417 4. Block Register Territory 5. Other Than Main Track Supplemental/Adjunct Codes (Mandatory*)									mo	re than o	ne rem		Code					
Commonweight Comm			ı	* Manda	atory to the e	xtent that a	ll applicabl	le codes a	=	_									0
1	31. Principal Car/Unit		a. Initial an	d Number	b. Positio	on in Train	c. I	Loaded (ye	es/no)	3						use, ente	r the nu		Drugs
Name of Crew Members 40. Engineers 42. Conductors 40. Minks and 40. Engineers 42. Conductors 40. Minks and 40. Engineers 42. Conductors 40. Minks and 40. Engineers 40. Minks and 40. Engineers 40. Minks and 40. Engineers 40		.)	U	P 5412		1		N	/A										
Casualties to: 46. Railroad Employees 47. Train Passengers 48. Others: 49. Special Study Block A 49. Special Study Block A 49. Special Study Block A 49. Special Study Block B 41. Others 42. Others 43. Others 44. Others 44. Special Study Block A 44. Others 44. O		nanical,		N/A		N/A		N	/A	3	33. Wa	as this consi	ist transpo	rting pass	sengers? (y/n)				N
10 Total in Train	(Exclude EMU, DMU,	and Cab Car		•		ļ.		emote (I	Include EMI		MU, aı	nd Cab Car				c. Fre	i		e. Caboose
36. Equipment Damage 37. Track, Signal, Way, & Structure Damage 0	(07.11.7)								0	0									
Number of Crew Members	(2) Total Derailed		3	0	0	0	C	0	(2) Total	Dera	iled			51	0	6	5	0	0
Number of Crew Members														<u>'</u>					
40. Engineers/ Operators 1	This Consist	870,000		& Structure	Damage		0		Code			1	M505		Code			N	'A
Operators 1 0 1 0 Hrs: 4 Mins: 39 Hrs: 4 Mins: 39 Casualties to: 46. Railroad Employees 47. Train Passengers 48. Others: 49a. Special Study Block A 49b. Special Study Block B Fatal 2 0 0 0 CWR 000-000-000 NonFatal 0 0 0 0 0 Sol. Latitude 41.047815 51. Longitude -105.047204 52. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING 53. Typed/Printed Name & Title of Preparer JANNETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence		1											Le	ngth of T					
Casualties to: 46. Railroad Employees 47. Train Passengers 48. Others: 49a. Special Study Block A 49b. Special Study Block B Fatal 2 0 0 0 CWR 000-000-000 NonFatal 0 0 0 0 50. Latitude 41.047815 51. Longitude -105.047204 52. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING 53. Typed/Printed Name & Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence	0		l	42. Conductors	1	43. Brake		44		•	ator	Mino	30					dina. 30	o .
NonFatal 0 0 0 0 50. Latitude 41.047815 51. Longitude 41.047815 TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING 53. Typed/Printed Name & Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence	Casualties to:	1	_	47. Train Passer		48. Other		49			Block		37					illis. 3.	,
NonFatal 0 0 0 0 51. Longitude 41.047815 -105.047204 52. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING 53. Typed/Printed Name & Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence	Fatal	2		0			0					CWR			000-000-000)			
50. Latitude 41.047815 -105.047204 52. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING 53. Typed/Printed Name & Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence	NonFatal																		
52. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING 53. Typed/Printed Name & Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence"	50. Latitude							51	1. Longitude	2									
TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING 53. Typed/Printed Name &									-			-1	05.0472	204					
53. Typed/Printed Name & Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence				*			STIGAT	TON OF	CALISE	ON C	COIN	IG							
Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence"	TRAIN WORC	1-07 SIKUCK	LILL NEA	IN OF TRAIL	, wii CINI'-	05. IIN V E	JIOAI.	ION OF	CANOSE	J.14 C	JOHN	,,,							
Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence"																			
Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence"																			
Title of Preparer JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence"	53. Typed/Printed Nam	e &				54	4. Signatur	re	=						5:	5. Date			
MANAGER - SAFETY REPORTING NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence	Title of Preparer																		
	· ·																		
See 49 C F R 225 7 (b)	or used	for any purpo	se in any															s evidence	e

INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Date of Accident/Incident	(MM/DD/YY	YY)		2. Time of Accident/	Incident		AM	
10/04/2018			08:39	PM	X			
3. Name of Railroad				'	4. Inciden	L		
UNION PACIFIC RAILRO	AD				1018DV			
5. Other Railroad					6. Inciden	t Number	•	
N/A	1 1 3 5 1 .			_	N/A	. 37 1		
7. Railroad Responsible for T UNION PACIFIC RAILROA		ance			8. Inciden		•	
9. Type of Accident/Incident REAR END COLLISION	(Derailment, 0	Collision, Obstruction	on, Other)					
10. Number of Hazmat Cars l	Damaged or D	erailed		11. Number of Hazm	at Cars Relea	sing Prod	uct	
			1					0
12. Subdivision LARAMIE SUB	13. Nearest C	lity/Town		14. County LARAMIE			15. State	
16. Milepost (to nearest tenth		ific Site						
528.42	-	TRACK #3						
18. Speed	I	Actual		19. Train/Job Numbe	er			
0		Estimated	X	MPCNP 03				
20. Type of Equipment (Freig FREIGHT TRAIN	ght, Passenger	Yard/Switching, et	tc.)	21. Type of Track (MMAIN	Iain, Yard, Si	ding, Indu	ıstry)	
22. Total Locomotive Units in	n 23. Tot	al Locomotive Dera	niled	24. Total of Cars in I	Equipment	25. To	tal Cars Derailed	
Train	3		0	Consist	157			8
26. Equipment Damage (in de		1	100,000	27 Track Signal W		a Damaga	(in dollars)	0
26. Equipment Damage (in ac	ottars)	1	100,000	27. Track, Signal, Wa	ay & Structur	e Damage	e (in aoitars)	U
28. Primary Cause M505				29. Contributing Cau	se			
30. Casualties		Nonfatal	Fatal	i			Nonfatal	Fatal
Worker on duty - employ	ee	0	2	Worker on duty -	contractor		0	0
Employees not on duty		0	0	Contractor - othe	r		0	0
Passengers on trains		0	0	Worker on duty -	volunteer		0	0
Nontrespassers/on railroa	d property	0	0	Volunteer - other	•		0	0
Trespassers		0	0	Nontrespassers/o	ff railroad pro	perty	0	0
31. Narrative Description (Be	specified, and	d continue on separa	ate sheet if	necessary)				
TRAIN MGRCY-04 STRUCK	THE REAR OF	TRAIN MPCNP-03. I	INVESTIGAT	 TION OF CAUSE ON GOI	NG			
32. Was this accident/inciden	t reported to the	ne FRA? Ye	es X	No				
33. Name of Railroad Officia	1 34. Si	gnature		35. Telephone	e Number		nitially signed/co	ompleted
	in any suit or a			ne accident reports statute any matter mentioned in				nce

FORM FRA F 6180.97 (Rev. 08/10)
Generated On: 10/08/2018

INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Date of Accident/Incident	(MM/DD/YY	YY)		2. Time of Accident/I	ncident		AM	
10/04/2018				08:39	PM	X		
3. Name of Railroad						nt Number	· · · · · · · · · · · · · · · · · · ·	
UNION PACIFIC RAILRO.	AD				1018D	V004		
5. Other Railroad					6. Incide	nt Numbei	ſ	
7. Railroad Responsible for T		ance			8. Incide	nt Number	·	
		7 III : OL 4 4	0.1		10100	VUU4		
9. Type of Accident/Incident REAR END COLLISION	(Derailment, C	Collision, Obstructio	n, Otner)					
10. Number of Hazmat Cars	Damaged or D	erailed	5	11. Number of Hazma	at Cars Rele	asing Prod	luct	0
12. Subdivision	13. Nearest C	ity/Town		14. County			15. State	
LARAMIE SUB	CHEYENNE	re et		LARAMIE			WY	
16. Milepost (to nearest tenth		TRACK #3						
18. Speed	<u> </u>	Actual		19. Train/Job Number	ŗ			
53		Estimated	X	MGRCY 04				
20. Type of Equipment (Freig	ght, Passenger,	Yard/Switching, etc.	e.)	21. Type of Track (M	ain, Yard, S	iding, Indi	ustry)	
22. Total Locomotive Units i	n 23. Tota	al Locomotive Derai	led	24. Total of Cars in E	guipment	25. To	tal Cars Derailed	
Train				Consist				
	3		3		105			57
26. Equipment Damage (in d	ollars)	8	70,000	27. Track, Signal, Wa	y & Structu	re Damago	e (in dollars)	0
28. Primary Cause M505				29. Contributing Caus	se			
30. Casualties		Nonfatal	Fatal				Nonfatal	Fatal
Worker on duty - employ	ee	0	2	Worker on duty -	contractor		0	0
Employees not on duty		0	0	Contractor - other			0	0
Passengers on trains		0	0	Worker on duty -	volunteer		0	0
Nontrespassers/on railroa	d property	0	0	Volunteer - other			0	0
Trespassers		0	0	Nontrespassers/of	f railroad pr	operty	0	0
31. Narrative Description (Be	e specified, and	d continue on separa	te sheet if	necessary)				
TRAIN MGRCY-04 STRUCK	THE REAR OF	TRAIN MPCNP-03. I	NVESTIGAT		NG			
32. Was this accident/inciden	t reported to the	ne FRA? Yes	s X	No				
33. Name of Railroad Officia	1 34. Si	gnature		35. Telephone	Number		initially signed/co	mpleted
	e reporting railro	pad's accident report pu	rsuant to th	ne accident reports statute	and, as such s	hall not " b	e admitted as eviden	ice

FORM FRA F 6180.97 (Rev. 08/10)
Generated On: 10/08/2018

RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Railroad UNION PACIFIC RA	AILRO	AD		2. Case/Incident Number 1018DV004							
			EMPL	OYEE IN	IFORMA'	ΓΙΟΝ					
3. Last Name, First Na BROZOVICH, BENJA				4. Date	of Birth		(M/F) 6			7. Date Hired 03/09/1998	
HOME ADDRESS: 8. Street	Addre	ess (Include Apt. No.)		9. City		1	10. State	11. ZIP	12. Home Telephone No. (include area code)		
ESTABLISHMENT/ FACILITY WHERE		13. Name of Facility									
EMPLOYEE NORMALLY REPO	RTS:	14. Street Address			15. C	ity EYENNE			16. State	17. ZIP	
18. Job Title 19. Department Assigned To TRANS - THRU-FREIGHT											
		ACTI	VITY/INCII	DENT/EX	POSURE	DESC	RIPTION				
LOCATION WHERI ACCIDENT/ INCIDENT/	E 2	20. Specific Site MAIN TRACK #3			ı						
EXPOSURE OCCURRED:		22. Count	-			23. State	24. ZIP 82001				
25. Is this on your pren Yes X No	nises?	26. Date of Occurrence 10/04/2018	ift Began 04:00	AM PM X	-	me of Occur 3:39	rence AM PM	29. W X Yes	as person on duty?		
COMPANY NOTIFICATION:	Co	te that Employee Notified mpany Personnel of Condi 1/04/2018	tion Co		nployee No rsonnel of		AM PM	X RMCC	on Notified		
TRAIN MGRCY-04 ST 34. Describe all factors 60 SITTING A MAIN/BRANC	TRUCK s assoc	THE REAR OF TRAIN MPCNE	P-03. INVEST	rigation	OF CAUSE						
03 FREIGHT TR		- MOVING ALKWAYS OF LOCOMOTIVE	1								
		WEEN ON TRACK EQUIPM									
82 LOCOMOTIVE											
99 UNDETERMIN	IED										
	purpos	te reporting railroad's accident e in any suit or action for dama								ridence	

FORM FRA F 6180.98 (Rev. 08/10)

Generated On: 10/08/2018

	INJURY/CONDITION I	NFORMATION		
35. Describe the injury/condition that this person	ı sustained.			
MULTIPLE BODY PARTS FATALLY INJURED				
36. Identify persons and organizations used to e	valuate and/or treat condition.			
UNKNOWN				
37. Describe all procedures, medications, therap	y, etc.:			
UNKNOWN				
38. Check any of the following consequences re X Death. Date of:	Suici f restricted activity: as agnosis: ication, or receipt of prescription reportable days absent from work: _ specific case criteria, or a covered medical care or treatment beyond 'I' treatment is limited to very simple of employment.	de/Attempted suicide s of: medication as of: data case. 'first aid" that is given, ble procedures, e.g., app	inpatient. Multiple treatn Loss of conscient or should have been giblication of a bandaid of the form FRA F 6180.55	even, regardless of on minor scratches, 5a. If you believe this case
40. Has this employee been provided an opportu	nity to review his or her file?	Yes X No		
41. Preparer's Name JANETTE MCQUEEN	42. Preparer's Title MGR SAFETY REPORTING	43. Te	Elephone Number	44. Date initially signed/completed 10/05/2018

RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

S. Test Name, Middle Initial S. Test Name, Middle Initial Initial S. Test Name, Middle Initial Ini	1. Railroad UNION PACI	Railroad UNION PACIFIC RAILROAD										2. Case/Incident Number 1018DV004							
HONE ADDRESS: 10. State 11. ZIP 12. Home Telephone No. (include area code)					EMPL	OYEE IN	IFORMA	TION	,										
ESTABLISHMENT/ FACILITY WHERE EMPLOYEE NORMALLY REPORTS: 13. Name of Facility 14. Street Address 15. City CHEYENDE 19. Department Assigned To TRANS = THRU-FRIGHT ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION LOCATION WHERE ACCIDENT/ EXPOSURE OCCURRED: 20. Specific Site MAIN TRACK # 3 21. City CHEYENDE 22. Comby CHEYENDE 23. State 24. ZIP CHEYENDE 25. Is this on your premises? 26. Date of Occurrence 27. Time Shift Began AM 28. Time of Occurrence 28. Time of Occurrence 29. Time that Employee Notified Company Personnel of Condition 10/04/2018 30. Date that Employee Notified Company Personnel of Condition 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 10/04/2018 32. Person Notified Company Personnel of Condition 10/04/2018 33. Describe the general activity this person was engaged in prior to injury/illness. TRAIN MORGY-04 STRUCK THE ERAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON COIND 34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred. 60 SITTING 3 MAIN/REARNCH 3 STRUCK THE ERAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON COIND 34. Describe the general activity this person was engaged in prior to injury/illness.				Middle Initial		4. Date	of Birth			Empl	oyee ID								
14. Street Address		3. Stree	et Add	lress (Include Apt. No.)		9. City		1	10. Stat	te 11	. ZIP			-					
18. Job Title 19. Department Assigned To TRANS - THRO-FREIGHT	FACILITY W			13. Name of Facility					,										
ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION COMPANY NOTIFICATION: 10/04/2018 21. City 22. County 23. State 24. ZIP 24. ZIP 25. Is his on your premises? 26. Date of Occurrence 27. Time Shift Began AM 28. Time of Occurrence AM 29. Was person on duty? Yes X No 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 08:39 PM X Yes X No Notification: 23. Describe the general activity this person was engaged in prior to injury/illness. TRAIN MCRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING AM AM AM AM AM AM AM A		REPO	ORTS				-	:					17. ZIP						
LOCATION WHERE ACCIDENT/ INCIDENT/ I		THRU					-		-										
MAIN TRACK #3 21. City CHEYENNE 22. County CHEYENNE 23. State VY 82001 25. Is this on your premises? Yes \(\) No \(\) 10/04/2018 30. Date that Employee Notified Company Personnel of Condition 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 10/04/2018 31. Time that Employee Notified Company Personnel of Condition 10/04/2018 32. Person Notified Company Personnel of Condition 10/04/2018 34. Describe the general activity this person was engaged in prior to injury/illness. TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MECNP-03. INVESTIGATION OF CAUSE ON GOING 34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred.				ACTI	VITY/INCII	DENT/EX	POSURI	E DESC	RIPTION										
OCCURRED: CHEYENNE CHEYENNE 26. Date of Occurrence Pressure String Shift Began Am 28. Time of Occurrence Am 29. Was person on duty? Yes X No	ACCIDENT/ INCIDENT/	WHER	RE	MAIN TRACK #3			22 G	4				22.5	4-4-	24 ZID					
Yes X No	OCCURRED:							-											
NOTIFICATION: Company Personnel of Condition 10/04/2018 Company Personnel of Condition 08:39 PM X RMCC 33. Describe the general activity this person was engaged in prior to injury/illness. TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING 34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred. 60 SITTING A MAIN/BRANCH 03 FREIGHT TRAIN - MOVING A6 IN CAB OR ON WALKWAYS OF LOCOMOTIVE 17 COLLISION - BETWEEN ON TRACK EQUIPMENT 82 LOCOMOTIVE, OTHER					_	-	_		urreno		\vdash		-	_					
TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING 34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred. 60 SITTING A MAIN/BRANCH 03 FREIGHT TRAIN - MOVING A6 IN CAB OR ON WALKWAYS OF LOCOMOTIVE 17 COLLISION - BETWEEN ON TRACK EQUIPMENT 82 LOCOMOTIVE, OTHER		ON:	C	Company Personnel of Condi	ition Cor	mpany Per			on	X		on Not	rified						
A6 IN CAB OR ON WALKWAYS OF LOCOMOTIVE 17 COLLISION - BETWEEN ON TRACK EQUIPMENT 82 LOCOMOTIVE, OTHER	34. Describe al 60 SITT: A MAIN,	l facto	rs asso	K THE REAR OF TRAIN MPCNI	P-03. INVEST	PIGATION	OF CAUSE												
99 UNDETERMINED	A6 IN CA 17 COLL: 82 LOCON	AB OR ISION MOTIV	ON 1 - BI	WALKWAYS OF LOCOMOTIVE ETWEEN ON TRACK EQUIPE															
NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report " 49 U.S.C. 20903.													d as evi	idence					

FORM FRA F 6180.98 (Rev. 08/10)

Generated On: 10/08/2018

	INJURY/CONDITION I	NFORMATION		
35. Describe the injury/condition that this person	n sustained.			
MULTIPLE BODY PARTS FATALLY INJURED				
36. Identify persons and organizations used to e	valuate and/or treat condition.			
UNKNOWN				
37. Describe all procedures, medications, therap	y, etc.:			
UNKNOWN				
38. Check any of the following consequences re X	Suicide frestricted activity:as agnosis: ication, or receipt of prescription may be portable days absent from work: _ specific case criteria, or a covered medical care or treatment beyond "d" treatment is limited to very simple of employment.	de/Attempted suicide s of: medication as of: data case. "first aid" that is given, ple procedures, e.g., ap	inpatient. Multiple treatn Loss of conscient , or should have been ginglication of a bandaid of	iven, regardless of on minor scratches,
does not meet the reporting criteria, you must gi	ve a brief explanation below of the	e basis for this decision	n. Was the case reporte	3a. If you believe this case ed? Yes X No
40. Has this employee been provided an opportu	unity to review his or her file?	Yes X No		
41. Preparer's Name JANETTE MCQUEEN	42. Preparer's Title MGR SAFETY REPORTING	43. T	elephone Number	44. Date initially signed/completed 10/05/2018